

YOUR NAME: _____

Winter Safety & Preparedness Checklist

Print this out and keep it on your fridge or bulletin board. Use it to prepare for winter and stay safe all season long.

HOME & EMERGENCY PREPARATION

Emergency Kit Supplies:

- ☐ **Water:** 1 gallon per person per day (3-day minimum)
- ☐ **Food:** Non-perishable, ready-to-eat items
- ☐ **Medications:** At least 1-week supply, clearly labeled
- ☐ **Medical Supplies:** Extra batteries for devices, catheters, oxygen, etc.
- ☐ **Light & Power:** Flashlights, radio, power bank, extra batteries
- ☐ **Warmth:** Sleeping bag, extra blankets, warm clothes
- ☐ **Documents:** Copies of IDs, insurance, contacts in a waterproof bag

Home Safety:

- ☐ Furnace serviced & filters changed
 - ☐ Smoke & carbon monoxide detector batteries tested
 - ☐ Space heater safety checked: 3-foot clear zone
 - ☐ Snow shovel & pet-safe ice melt accessible
 - ☐ Reliable person identified for snow removal
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WHEELCHAIR & MOBILITY EQUIPMENT CARE

Daily/Weekly Checks:

- ☐ Battery charged fully every night
- ☐ Equipment wiped dry after being outside
- ☐ Tires checked for air pressure and tread
- ☐ Brakes tested for proper function

Pre-Winter Maintenance:

- ☐ Professional tune-up scheduled (if needed)
- ☐ Winter/all-terrain tires considered
- ☐ Backup manual chair accessible (if applicable)
- ☐ Waterproof poncho or cover ready (I always carry a \$1 poncho in my backpack, just in case)

Remember: Cold cuts battery life in half. Plan for shorter trips!

PERSONAL CARE & DRESSING

Gear Check:

- ☐ **Base Layers:** Moisture-wicking tops/bottoms
 - ☐ **Insulation:** Fleece or wool layers
 - ☐ **Outer Layer:** Waterproof/windproof coat
 - ☐ **Extremities:** Thermal hat, gloves, scarf
 - ☐ **Feet:** Waterproof boots with good tread
 - ☐ **Adaptive Gear:** Wheelchair gloves, lap blankets, hand warmers, toque
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TRAVEL & TRANSPORTATION PLAN

Vehicle Prep (If you drive):

- ☐ Winter tires installed
- ☐ Battery, antifreeze, and wiper fluid checked
- ☐ Winter car kit packed: blanket, snacks, water, shovel, hot packs, phone charger

General Travel Plan:

- ☐ Accessible transit options identified for bad weather
 - ☐ "Let someone know" rule in place
 - ☐ Phone charged and emergency numbers saved
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HEALTH & WELLBEING

Know the Signs:

- ☐ Symptoms of **hypothermia** reviewed
- ☐ Symptoms of **frostbite** reviewed
- ☐ Thermostat set to at least 68°F (20°C)

Daily Habits:

- ☐ Plan to eat warm meals and drink warm fluids
- ☐ Social connection plan in place for isolation
- ☐ Mental health tools accessible (light therapy lamp, etc.)



SERVICE & COMPANION ANIMAL PLAN

- ☐ Pet-safe ice melt available
- ☐ Animal booties or paw wax ready / Animal coat/vest.
- ☐ Extra pet food, water, bags and medications in kit
- ☐ Veterinary records and leash/carrier packed



MY SUPPORT NETWORK CONTACTS Fill this out clearly – these people are your lifelines!

Emergency Contacts:

- **First Emergency Contact:**

Name: _____

Phone: _____ Relationship: _____

- **Second Emergency Contact:**

Name: _____

Phone: _____ Relationship: _____

- **Third Emergency Contact:**

Name: _____

Phone: _____ Relationship: _____

Daily Support Network:

- **Snow Removal Helper:**

Name: _____

Phone: _____ Email: _____

Notes: _____

- **Grocery/Errand Helper:**

Name: _____

Phone: _____ Email: _____

Notes: _____

- **Check-In Buddy (for daily check-ins during storms):**

Name: _____

Phone: _____ Email: _____

Notes: _____



Professional Contacts:

- **Pharmacy:**

Name: _____

Phone: _____

Address: _____

- **Medical Supply Company:**

Name: _____

Phone: _____

Account #: _____

- **Primary Doctor:**

Name: _____

Phone: _____

- **Home Care Provider/Agency:**

Name: _____

Phone: _____

- **Accessible Transportation:**

Name: _____

Phone: _____

- **Utility Company (to report outages):**

Name: _____

Phone: _____

Account #: _____



FINAL PREP NOTES & REMINDERS

- Have some extra cash on hand for power outages
- Manual way to open windows/doors if automatic opener fails

- _____
Water main shut-off location

- _____
Emergency meeting place established with household



Medication & Allergy List for Emergency Kit:

Write clearly below.

Include medication name, dose, frequency, and reason.

Allergies (include food, drug, environmental):

Additional Notes:

Disclaimer: This checklist is a general guide. Please tailor it to your specific needs with the help of your healthcare team.